

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2011	
NAME OF PROVIDER OR SUPPLIER PARKER HEALTH CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 359 RANDOLPH ST PARKER CITY, IN47368			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 13, 14, 15, 16, 17, & 20, 2011</p> <p>Facility number : 000419 Provider number: 155489 AIM number: 100273190</p> <p>Survey team: Delinda Easterly, RN-TC Ginger McNamee, RN Karen Lewis, RN (June 13, 14, 15, 16, 17, 2011) Betty Retherford, RN</p> <p>Census bed type: SNF/NF: 67 Residential: 7 Total: 74</p> <p>Census payor type: Medicare: 11 Medicaid: 40 Other: 23 Total: 74</p> <p>Stage 2 Sample: 25 Residential sample:7</p> <p>These deficiencies also reflect state findings cited in accordance with 410</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	IAC 16.2 Quality review completed on June 23, 2011 by Bev Faulkner, RN						

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F0156 SS=B	<p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p>						

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	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p>						

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	<p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure residents were provided detailed information as to why Medicare coverage was being terminated, were informed of possible charges that could be incurred as a result of the lack of Medicare coverage benefits and failed to ensure Medicare coverage termination notification letters were mailed timely for 3 of 3 residents reviewed who had received notification of Medicare non-coverage. (Resident #'s 64, 77, 90)</p> <p>Findings include:</p> <p>1.) Review of the "Notice of Medicare Provider Non-Coverage letters for Resident #'s 90, 64, and 77 on 6/15/11 at 2:30 p.m., indicated the letters lacked the following information:</p>			F0156	<p>F 156- Notice of Rights, Rules, Services, Charges1.) Corrective actions cannot be accomplished for resident #'s 64, 77, and 90 because the "Notice of Medicare Provider Non-Coverage" letters had already been mailed. The date the residents were to receive their non-coverage notification had passed prior to the facility receiving notice, via the survey process, that the letters lacked adequate information.2.) Residents admitted to this facility who received Medicare skilled services would have the potential to be affected. Future "notice of Medicare provider non-coverage" letters will contain detailed information.3.) New non-coverage procedure for Medicare residents will be implemented. Staff will be in-serviced on the procedure on 7/14/11.4.) The corrective actions will be monitored by the Business Office Manager and the QA Committee will review for one year. 5.) Compliance Date-July 20, 2011</p>		07/20/2011

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	<p>a. Detailed information as to why Medicare coverage was being terminated.</p> <p>b. Any charges the residents could be assessed as a result of Medicare cancellation.</p> <p>c. Facility rates that could be charged to the resident for non-covered services.</p> <p>d. Any date the resident and or family member had received notification of the Medicare termination.</p> <p>During an interview with the Human Resource Manager on 6/15/11 at 2:25 p.m., she indicated she had no information to provide related to the residents having received any of the above information.</p> <p>3.1-4(f)(3)</p>						
F0253 SS=B	<p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure resident rooms and bathrooms were</p>			F0253	<p>F 253- Housekeeping and Maintenance Services1.) Rooms 40, 41, 42, 43, 44, 45, 46 and 47 were immediately repaired.2.) All</p>		07/20/2011

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	<p>maintained in an orderly, comfortable manner and free from black scuffed areas and chipped paint for 8 of 8 bathroom doors observed during the environmental tour. (Room #'s 40, 41, 42, 43, 44, 45, 46 and 47) This had the ability to affect 16 residents residing in those rooms.</p> <p>Findings include:</p> <p>During the environmental tour on 6/16/11 at 2:15 p.m., conducted with the Maintenance Supervisor, Administrator, and Housekeeping Supervisor, the following concerns were noted:</p> <p>The lower portion of the bathroom doors for rooms 40, 41, 42, 43, 44, 45, 46, and 47 had multiple areas where black scuffed marks were observed on the doors. The doors had areas of chipped paint and gouged areas on the door frames.</p> <p>During an interview at the time of the observation, the Administrator indicated it had not been very long since the areas had been painted, but it was an ongoing problem.</p> <p>3.1-19(f)(5)</p>				<p>resident rooms and bathrooms have the potential to be affected. All staff will report all areas in the rooms and bathrooms that need repairing to the Administrator via work orders. Upon receipt of the work order, the Administrator will approve the repair and route the work order to the Maintenance Supervisor or the Housekeeping Supervisor.3.) Work orders, when completed, will be signed by the appropriate supervisor and returned to the Administrator. All staff will be in-serviced as to the proper utilization of work orders in order to provide timely repair. A monthly room check will be completed by the Maintenance Supervisor and documented in the montly Preventative Maintenance Manual.4.) Corrective action regarding work orders will be reported to the QA Committee for 1 year. 5.) Date of Compliance-July 20, 2011</p>		

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F0282 SS=D	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review, observation, and interview, the facility failed to ensure the nursing staff thoroughly assessed a resident for bruises and/or other skin issues for 1 of 3 residents who met the criteria for non-pressure related skin conditions in a Stage 2 sample of 25. (Resident #41)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #41 was reviewed on 6/15/11 at 11:15 a.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to, osteoporosis, osteoarthritis, hypertension, and anemia.</p> <p>Resident #41 had a current physician's order for Aspirin (a mild anticoagulant medication) 81 milligrams once daily.</p> <p>Resident #41 had health care plan problem, initiated on 1/5/11 and revised on 6/17/11, which indicated the resident had fragile skin that</p>			F0282	<p>F 282-Services By Qualified Persons/Per Care Plan1.) DON delegated a licensed nurse to complete a total body skin assessment on resident #41 and document her findings on an initial non-pressure skin report. MD and responsible party both notified of findings.2.) All other resident's have been reviewed by a licensed nurse to ensure completion and accuracy of skin assessments.3.) All weekly skin assessments will be completed weekly on the residents shower day by a licensed nurse on the day or evening shift. DON or designee will review all residents skin assessments to ensure accuracy and completion weekly times 4 weeks, then monthly. Nursing staff inserviced on policy and procedure on 6/30/11.4.) The audit of the weekly skin assessments will be forwarded to QA for review until no further problems are noted.5.) Compliance Date-July 20, 2011</p>		07/20/2011

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	<p>bruised easily. One of the approaches for this problem was for the staff to "Assess prn (as needed)."</p> <p>The June 2011 nursing notes for Resident #41 lacked any entries related to the resident having any bruises or other skin related issues.</p> <p>During an observation on 6/14/11 at 9:02 a.m., Resident #41 was up in her wheelchair in her room. Both forearms had multiple bluish discolorations of the skin with one on the left arm approximately 2 centimeters in size and oval in appearance.</p> <p>During an interview with the resident on 6/14/11 at 9:05 a.m., she indicated she bruised easily. She indicated just hitting her arms or legs against something caused her to bruise.</p> <p>A weekly skin assessment, which was completed by the nursing staff, dated 6/16/11 at 1:33 a.m., indicated the resident did not have any bruises or other skin problems. The assessment indicated the resident did not have any edema or dry skin.</p> <p>During an observation with the Director of Nursing (DON) on 6/17/11 at 9:45 a.m., the resident was up in</p>						

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	<p>her wheelchair in her room. The resident had very thin fragile skin with blood vessels pushing up just beneath the skin forming a blue surface discoloration. The resident did have a small bruise-like area on her left forearm which was oval in appearance. The resident also lifted up her lower pant legs and had two bruises on her left outer lower leg and one bruise on her right inner calf. This area appeared to be slightly swollen. The resident indicated she bruised easily and only had to hit her arm or leg against the furniture, etc., to cause a bruise. The resident also had a small, circular, rough raised area on her left forearm which appeared like a small skin growth.</p> <p>During an interview with the DON on 6/17/11 at 9:50 a.m., concerns were addressed related to the bruising and other skin observations noted above not being noted at the time of the 6/16/11 weekly skin assessment completed by the nursing staff.</p> <p>During an interview with the DON on 6/17/11 at 12:35 p.m., the DON indicated the nursing staff had completed another weekly skin assessment for Resident #41 following the observations made above on 6/17/11 at 9:45 a.m.</p>						

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	<p>The DON provided a copy of a the new weekly skin assessment for Resident #41, dated 6/17/11 at 10:34 a.m., which included the following skin assessment information not present on the 6/16/11 assessment:</p> <p>"Face: 0.2 cm (centimeters) by 0.2 cm white raised area and another area 0.3 cm by 0.2 cm that looks the same.</p> <p>Mole to the left side of neck 0.4 gm by 0.6 small irregular and raised.</p> <p>Left top of forearm 0.8 cm by 0.5 cm mole irregular in shape and raised.</p> <p>Right upper arm has a purple bruise/discoloration 0.5 cm by 0.5 cm not raised. Multiple other discolored areas brown and purple in color. No pain.</p> <p>Left upper arm 2 cm by 0.5 cm purple area, on the back side of the upper arm multiple purple and brown areas.</p> <p>Under the left forearm is a 0.8 cm by 0.8 cm mole that is irregular in shape and color and is raised.</p> <p>Right side of neck has a 1.2 cm by 0.3 cm mole and a 1.2 cm by 1.1 cm</p>						

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	<p>mole both are suspicious looking.</p> <p>Skin under right breast appears slightly pink where breast was laying but does not look like yeast or irritation and looks like it might fade if reposition. Will monitor.</p> <p>Left lower leg front - 4.2 cm by 3.0 cm discoloration to leg brown in color and not raised 2.8 cm by 1 cm purple area that is not raised. Additional multiple discolored areas on lower extremity. 2 plus pitting edema with dry skin on foot and around ankle. Thick toenails.</p> <p>Right lower leg front - purple discolored area directly below kneecap 0.1 by 1.2 cm directly on top of vein. 2 plus pitting edema and thick toenails noted. Skin shiny above ankles. Ankles and feet dry.</p> <p>Other specified - resident has multiple areas of discoloration on skin. Resident also has areas such as right elbow that look completely brown but not bruised. Resident denies pain with any of these areas."</p> <p>This skin assessment identified a minimum of twelve skin related issues not noted on the 6/16/11 assessment.</p>						

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	<p>Review of the current facility policy, revised on 10/10, provided by the Director of Nursing on 6/20/11 at 9:00 a.m., included but was not limited to, the following:</p> <p>"Purpose:</p> <p>1. To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown and pressure ulcers and assuring interventions are implemented.</p> <p>Performed by:</p> <p>Nursing:</p> <p>...Standards:</p> <p>1. All residents known or not known to have skin problems, will have a body check/assessment by a licensed nurse at least weekly.</p> <p>...4. Skin observations are made daily, during the performance of bathing and dressing residents and administering treatment procedures.</p> <p>5. Each resident will be observed for skin breakdown or problems on their scheduled shower/bath days by</p>						

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F0309 SS=D	<p>CNAs. Changes are to be promptly reported to a licensed nurse who will then perform a complete assessment, as appropriate....</p> <p>11. Pressure ulcers and other skin problems will be measured at least weekly, preferable on the day shift by the licensed nurse and recorded in centimeters (cm) on the Skin Report Form...."</p> <p>3.1-35(g)(2)</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the nursing staff monitored a cognitively impaired resident for pain and/or discomfort in order to administer as needed pain medication for 1 of 1 resident reviewed with orders for "comfort measures" in a Stage 2 sample of 25. (Resident #5)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #5</p>			F0309	<p>F 309- Provide Care/Services for Highest Well Being1.) DON delegated a licensed nurse to complete a pain evaluation including a pain monitoring tool (PAINAD) if necessary on resident #5. MD and responsible party both notified of findings.2.) All residents with orders for comfort measures only were assessed by a licensed nurse to ensure completion of a pain evaluation and pain monitoring tool (PAINAD) as necessary.3.) All pain evaluations and pain monitoring tools (PAINAD) if necessary, will be completed as part of the initial nursing</p>		07/20/2011

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	<p>was reviewed on 6/15/11 at 2:45 p.m.</p> <p>Diagnoses for Resident #5 included, but were not limited to, dementia, renal insufficiency, neuropathy, diabetes mellitus, and chronic kidney disease.</p> <p>The June 2011 signed recapitulation of physician's orders for Resident #5 included, but were not limited to, the following:</p> <p>a.) Roxanol (Morphine-a narcotic pain medication) 100 milligrams (mgs) per 5 milliliters (ml) give 0.25 ml (5 mg) sublingually every 2 hours as needed for severe pain or respiratory distress. The original date of this order was 3/28/11.</p> <p>b.) Tylenol 325 mg - 2 tablets orally every 4 hours as needed for mild pain/fever above 100. The original date of this order was 9/22/10.</p> <p>Resident #5 had a health care plan problem, revised on 3/21/11, which indicated the resident had impaired cognitive function, impaired thought processes, memory loss, and impaired decision making ability related to Alzheimer's Disease. The problem indicated the resident needed assistance with all decision</p>				<p>assessment upon admission, quarterly, and with a significant change. (i.e.-change in pain medication or increased pain) All residents with orders for comfort measures only will have a pain note completed weekly by a licensed nurse. DON or designee will review all pain notes weekly times 4 weeks then monthly. Nursing staff inserviced on policy and procedure on 6/30/11 and 7/12/11.4.) The results of the audit will be forwarded to QA for review until no further problems are noted.5.) Compliance Date-July 20, 2011</p>		

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	<p>making.</p> <p>Resident #5 had a health care plan problem, dated 3/21/11, which indicated he had experienced a decline in condition and was now "comfort measures." One of the approaches for this problem was for the staff to "observe resident closely for signs of pain, administer pain medications as ordered, and notify the physician immediately if there is breakthrough pain."</p> <p>The last "Quarterly Pain Evaluation" for Resident #5 was dated 4/10/11. The evaluation indicated the resident had pain and was given Roxanol prn for relief. The form indicated the resident did not receive any scheduled pain medications on a routine basis. The form indicated the resident showed pain by frowning/scowling, wrinkled brow, moaning, irritability, fidgeting, altered gait/posture, and strenuous or altered breathing.</p> <p>During an interview with LPN #1 on 6/15/11 at 9:00 a.m., she indicated Resident #5 had experienced a significant decline in the last few months. She indicated he had lost a lot of weight, was less cognitively alert, and was "comfort measures."</p>						

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	<p>A "Pain Monitoring Tool" in the Medication Administration Record (MAR) indicated the resident had received the Roxanol medication for pain 3 times in April and 4 times in May for "pain all over." The last entry was dated 5/6/11 at 8:00 a.m. The pain monitoring tool indicated the pain medications had been given for "pain all over." On six of the occasions when the pain medication was given, the resident had indicated the pain was an 8 on a scale of 10. A level of ten would be considered the "worst pain imaginable." The monitoring tool did not record any pain monitoring or pain medication administration for the month of June 2011.</p> <p>The last nursing note indicating the staff had monitored the resident for pain was dated 6/9/11.</p> <p>On 6/15/11 at 2:25 p.m., Resident #5 was observed in his bed with his eyes closed. He was making soft moaning/grunting sounds with an occasional twitching of his facial features.</p> <p>During observation on 6/16/11 at 9:50 a.m., the resident was up in his reclining geri-chair in his room. He was slightly reclined in the chair and</p>						

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	<p>appeared to be dozing. He made some intermittent facial twitches and grunting noises while he slept.</p> <p>During an interview with the Director of Nursing (DON) on 6/16/11 at 12:15 p.m., additional information was requested related to the lack of pain monitoring and the resident's continued mental and physical decline. The DON indicated the resident's mental and physical condition had declined and he would be unable to use the call light and ask for pain medication. She indicated it would be the responsibility of the nursing staff to monitor him for pain and administer medications as needed.</p> <p>A nursing note entry dated 6/16/11 at 12:47 p.m., included, but was not limited to the following:</p> <p>"...Noted resident resting in bed and moaning. When asked why he was moaning, resident stated, 'I don't know'. Asked by this nurse if resident was in pain at this time, resident responded, 'No'. When ask if he ever had pain, resident stated, 'Every day.' After asking about what kind of pain, resident explained that it was discomfort in his abdomen after he eats...."</p>						

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	<p>The nursing notes and MAR lacked any information related to the nursing staff being aware of the resident having frequent abdominal pain after he eats or any entries related to monitoring the resident for pain after the entry on 6/9/11 as noted above.</p> <p>Review of the current facility policy, revised on 12/2004, provided by the Director of Nursing on 6/20/11 at 9:00 a.m., titled "Pain Assessment" included, but was not limited to, the following:</p> <p>"Purpose:</p> <ol style="list-style-type: none"> 1. To establish guidelines to measure a resident's level of pain. 2. To provide optimal comfort through a pain control plan, which is established with the members of the health care team. <p>Performed By:</p> <p>Licensed Nursing and Health Care Team</p> <p>General Information</p> <ol style="list-style-type: none"> 1. It is the policy of the nursing department to assess the characteristics and intensity of pain 						

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F0323 SS=D	<p>for an initial baseline on admission.</p> <p>...3.) Effective pain management depends on a comprehensive pain assessment.</p> <p>4. In evaluating the resident's pain:</p> <p>a.) Initiate discussions about pain</p> <p>b.) If the resident is reluctant or unable to report pain in the usual ways, the severity of pain may be assessed through:</p> <ol style="list-style-type: none"> 1. Observations by care givers 2. Vocalizations 3. Facial expressions 4. Change in Physiological Responses <p>...5. a comprehensive pain assessment will be completed as part of the initial nursing assessment..., quarterly on all residents, and when there is a significant change....</p> <p>3.1-37(a)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation and interview, the facility failed to ensure residents were free from accident hazards posed by 1 of 2 beauty shop hair dryers, 1 of 2 resident reclining</p>			F0323	<p>F-323 Free of Accident Hazards/Supervision/Devices1.) The hair dryer was immediately removed from the beauty shop upon discovery. A new geri-chair was immediately provided for</p>		07/20/2011

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	<p>geri-chairs observed (Resident # 5), and 1 of 8 lower hinges of bathroom doors observed (Room #41) affecting 4 residents who utilized that bathroom.</p> <p>Findings include:</p> <p>During the environmental tour on 6/16/11 at 2:15 p.m., conducted with the Maintenance Supervisor, Administrator, and Housekeeping Supervisor, the following concerns were noted:</p> <p>The electrical cord on 1 of 2 hair dryers in the beauty shop had a cracked outer cord which exposed electrical wiring underneath the cord.</p> <p>The lower metal hinge on the bathroom door in Room 41 (a shared bathroom for Room 40) had a metal edge that had pulled away from the wood and formed a very sharp, jagged metal protrusion.</p> <p>The entire right outer edge of the right armrest (approximately 2 feet in length) on a geri-chair utilized by Resident #5 had a worn vinyl cover and a worn plastic cover which had torn open and formed a sharp, jagged edge.</p>				<p>resident #5. The hinge on the bathroom door (Room #41) was immediately repaired.2.) All resident rooms and bathrooms have the potential to be affected. All staff will report all areas in the rooms and bathrooms that need repair to the Administrator via work orders. Upon receipt of the work order, the Administrator will approve the repair and route the work order to the Maintenance Supervisor or Housekeeping Supervisor.3.) Work orders, when completed, will be signed by the appropriate supervisor and returned to the Administrator. All staff will be in-serviced as to the proper utilization of work orders in order to provide timely repair. A monthly room check will be completed by the Maintenance Supervisor and documented in the monthly Preventative Maintenance Manual.</p> <p>4.) Corrective action regarding work orders will be reported to the QA Committee for 1 year.</p> <p>5.) Compliance Date-July 20, 2011</p>		

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	During an interview with the Administrator on 6/16/11 at 2:45 p.m., she indicated the chair would be replaced. She further indicated the sharp hinge on the bathroom door would be repaired, and she instructed the Maintenance Supervisor to remove the hair dryer from the beauty shop. 3.1-45(a)(1)						

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F0431 SS=D	<p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review and interview, the facility failed to ensure medications stored in 1 of 2 nurse's stations were stored in a locked location. [north nurse's station]</p> <p>Findings include:</p>			F0431	F 431- Drug Records, Label/Store Drugs and Biologicals1.) No residents were found to have been affected by the deficient practice.2.) Medications were counted then immediately destroyed per facility policy.3.) Any medication stored at the nurses station will be stored in a locked location when		07/20/2011

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	<p>On 6/14/11 at 9:20 a.m., the Assistant Director of Nursing was observed opening a drawer at the nurse's station and retrieving a drug book. The drawer contained five partial bottles of medications. The bottle labels did not indicate the medications belonged to residents. The drawer did not have a locking mechanism on it. During an interview at the time of the observation, the Assistant Director of Nursing and the RN Consultant indicated they did not know why the medications were stored in the drawer. The RN Consultant indicated the medications should not have been in the drawer.</p> <p>During an interview on 6/14/11 at 10:00 a.m., the RN Consultant indicated the following medications were in the drawer at the nurses station: aspirin 325 mg bottle - 841 tablets. aspirin 81 mg - 28 tablets. aspirin 81 mg - 39 tablets. acetaminophen 325 mg - 5 tablets. acetaminophen 500 mg -58 tablets.</p> <p>During an interview with the Director of Nursing on 6/20/11 at 9:18 a.m., she indicated the medications should not have been at the nurse's station unlocked.</p>				<p>not in use. Staff inserviced on policy and procedure on 6/30/11.4.) DON or designee will monitor daily for 4 weeks, then weekly for 4 weeks, then the audits will be reviewed during QA meeting until no further problems are noted.5.) Compliance Date-July 20, 2011</p>		

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F0514 SS=D	<p>The 6/05, "Medication Storage of" Policy was provided by the Director of Nursing on 6/20/11 at 9:18 a.m. The policy indicated "...6. Compartments containing medications are locked when not in use....Note: Compartments include, but are not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes...."</p> <p>3.1-25(m)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to include hospice nursing documentation for 1 of 1 residents receiving hospice services in the Stage 2 sample of 25. (Resident # 4)</p> <p>1.) The clinical record for Resident #4 was reviewed on 6/15/11 at 10:41 a.m.</p>		F0514	<p>F 514-Records-Complete/Accurate/Accessible1.) DON discussed current hospice documentation with hospice nurse. This documentation was obtained and placed in resident #4's hospice record.2.) Hospice nurse reviewed all hospice resident's records to ensure documentation is readily accessible and systematically organized.3.) DON</p>		07/20/2011	

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	<p>Diagnoses for Resident #4 included, but were not limited to, Alzheimer's disease with anxiety and Alzheimer's with 6 months or less life expectancy.</p> <p>The clinical record for Resident #4 did not contain documentation for individual hospice nursing visits.</p> <p>During an interview with the Hospice nurse on 6/16/11 at 8:48 a.m., she indicated the documentation for the nurse visits were in her computer. She further indicated the facility does not have access to the hospice notes in her computer.</p> <p>During an interview with the Nurse Consultant on 6/16/11 at 9:25 a.m., she indicated the hospice nurse visits are not part of the resident's medical record at the facility. She indicated facility did not have access to the hospice notes as the notes were in the computer of the hospice nurse.</p> <p>3.1-50(a)(1)</p>			<p>or designee will audit hospice records weekly for 4 weeks, then the Electronic Health Records Nurse or designee will audit monthly to ensure documentation is readily accessible and systematically organized. Nursing staff inserviced on policy and procedure on 6/30/11.4.) Results of the audit will be forwarded to QA for review until no further problems are noted.5.) Date of Compliance-July 20, 2011</p>			

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